Periscope.

CLINICAL NEUROLOGY.

112 **Ueber senile Epilepsie** (Senile Epilepsy). Redlich (Wien. med. Wochenschr., Mar. 24, 1900).

A hereditary taint often plays an important rôle in senile epilepsy. About one-quarter of all cases show distinct heredity (Mendel, Gowers). In genuine senile epilepsy there is at times a history of convulsions in infancy. Chronic alcoholism plays a most important etiological rôle as well. Injury to the head appears to be able to precipitate essential epilepsy, in some cases by mere shock. Acute and chronic infectious diseases, such as malaria and syphilis, are also etiological factors. Other elements entering into senile epilepsy are a high degree of atheroma of the blood vessels of the brain, arterio-sclerosis, and valvular heart disease, all of which may act as contributary causes in essential epilepsy. Cardiac and arterio-sclerotic epilepsy form a class by themselves, in which benefit is derived from the use of digitalis, caffein, etc., and the bromides appear to be of little or no value.

In two cases of senile epilepsy, in which an autopsy was held, extensive general atrophy of the brain, chronic hydrocephalus, and pronounced arterio-sclerosis of the larger cerebral vessels were all absent; in their stead occurred only histological changes, "military sclerosis." In a third case, however, this condition was not present. Numerous others have found this gliosis in young subjects as well, but authorities like Binswanger have decided that its presence stands in no definite causal relationship to epilepsy. In the author's case there were several instances of serial attacks. Post-convulsive paresis, aphasia, etc., which are so common in the youthful, was noted in the aged. Therapeutically, there are no differences in senile and youthful epilepsy.

Discussion: Lauterbach stated that the influence of organic heart disease in provoking genuine epilepsy was known in Delasiauve's time, and Schlesinger agreed with Redlich in his view that heart disease is an important factor in epilepsy. Clark.

113 **Aphasie amnésique** (Amnesic Aphasia). Trenel (Nouvelle Icon. de la Salpêtriere, Nov., Dec., 1899).

In this article Trenel attempts to study more specifically the question of amnesic aphasia so thoroughly worked up by Pitrés The latter believed that this form of aphasia was produced by the breaking up of a part of the commissural path, which unites the different centers of verbal images with that portion of the cortex in which the higher functions are localized. The study of Trenel was made upon two insane patients, who were affected with amnesic aphasia. The mental condition of both patients naturally made the psychical examination somewhat incomplete.

The first case is thus summarized: Woman aged forty-six years, amnesic aphasia with paraphasia. The amnesia is limited almost altogether to substantives. Word deafness present, but incomplete, no psychical deafness. Incomplete agraphia, hemiplegia with hemianesthesia. Epileptic attacks. Circular form of insanity. Death due to cerebral hemorrhage.

Autopsy. The right hemisphere is the seat of a large hemorrhage, affecting all the neighboring parts and extending beyond the median line. There is no cortical lesion. Left hemisphere appears intact. A small hemorrhage is found in the first temporal convolution. A large hemorrhagic focus, in part cystic, in the middle part of the island of Reil, extending to the *pli-courbe* and limited to the white matter except at the point noted before. The two hemorrhages are almost symmetrical. A series of sections made by the method of Pitrés shows the localization of the lesion to be sub-cortical. (Photographs of these sections are given in the article).

The aphasia is thus described: The patient knows what she wishes to say spontaneously and that which she should say in answer to the questions. The transference is formed irregularly, at times by abnormal paths, at other times by the habitual paths, parts of which have been destroyed. The aphasia of conduction best describes the condition. No definite localization could be determined in this case, but the lesion being confined to the white matter makes the theory of the sub-cortical origin of amnesic aphasia very probable.

The second case is briefly that of a woman fifty-nine years old. Incomplete hemiplegia on left side with hemicontracture. Generalized pareto-spasmodic condition. Dysarthria. Paraphasia. Amnesic aphasia. The patient cannot name most of the objects shown to her. She describes them, defines or indicates their nature. Her sentences are incomplete and badly constructed. No word deafness. Dementia, and great irritability. This condition approaches that of the first case and its localization is as doubtful. SCHWAB.

114 UEBER SPINALEPILEPSIE (Paramyoclonus and Epilepsy). Bresler (Neurol. Centralblat, 1896, XV, 1015).

History of brother and sister: I.—Female, age 26, consultation 1893. For past four years has been helpless, unable to earn living. Her disease began at the age of 6 years, at about the same time as her brother's, he being much older. There were first twitchings in face and limbs, next epileptiform attacks. Development good, no deformities. Mental faculties good. Face exhibits many scars from falls. During examination muscular twitchings increased in violence. Twitchings especially marked during voluntary muscular effort. Epileptic attacks very numerous, often several in a day. The back muscles twitch so violently that patient is nearly flung from her chair. The movements are like electric shocks. At present patient must be bathed, fed, and dressed. Patient much depressed over her condition. Careful testing of reflexes, special senses, pupils, conformation of bones, etc., shows no anomaly. Headache frequently occurs, with tender infra- and supra-orbital points. The muscles, so frequently in use, are not increased in volume, but seem soft and weak. There are "good" and "bad" periods of perhaps fourteen days' duration. Mental faculties now exhibit weakened memory and judgment, with irritability and quarrelsomeness. The author saw two epileptic attacks, one of which was mild in degree, and was immediately followed by movements like habitual twitchings. Convulsions, etc., were alike on each side. This patient died of hypostatic pneumonia. Autopsy:—Skull bones not thickened; dura of convexity adherent to bone; pia very delicate, transparent everywhere; vessels only moderately filled; at the apex of the frontal brain, on both sides, were two symmetrical